

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

December 5, 2014

Ms. Jennifer Doyle, Administrator
Riverbend Residential Care Home, Inc
307 Vt Route 110, Po Box 7
Chelsea, VT 05038

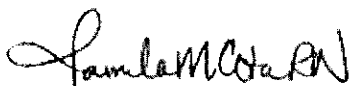
Dear Ms. Doyle:

Thank you for the cooperation you gave our surveyor during the **November 12, 2014** annual survey of your facility.

Enclosed is the Residential Care Home Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,



Pamela Cota, RN
Licensing Chief

Division of Licensing and Protection

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|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0379 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 11/12/2014 |
|---|--|--|--|

NAME OF PROVIDER OR SUPPLIER

RIVERBEND RESIDENTIAL CARE HOME, INC

STREET ADDRESS, CITY, STATE, ZIP CODE

**307 VT ROUTE 110, PO BOX 7
CHELSEA, VT 05038**

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------------|---|---------------------|--|--------------------------|
| R100 | <p>Initial Comments:</p> <p>An unannounced licensing survey was conducted by the Division of Licensing and Protection on 11/12/14. The facility was found to be in Substantial Compliance with the Residential Care Home Licensing Regulations.</p> | R100 | | |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE